

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
79/831745

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	2		3		1	
4	2		3		1	
5	2		3		1	
6	2		3		1	
7	2		3		1	
8	2		3		1	
9	2		3		1	
10	2		3		1	
11	1		2		1	
12	1		1		1	
13	2		1		1	
14	2		3		1	
15	2		3		1	
16	2		3		1	
17	2		3		1	
18	2		3		1	
19	2		3		1	
20	2		3		1	
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27	2		3		1	
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30	2		3		1	
31	2		3		1	
32	2		3		1	
33	2		3		1	
34	2		3		1	
35	2		3		1	
36	2		3		1	
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50						
TOTAL IND.	2		2		4	
TOTAL DEP.	22	↓	41	↓	32	↓
TOTAL CLAIMS	29	[REDACTED]	43	[REDACTED]	36	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.		↓			↓			↓
TOTAL CLAIMS		[REDACTED]			[REDACTED]			[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS